Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009  Applicant claims small entity status. See 37 CFR 1.27						Comple	ete if Known	?	
					Application Number 10/590,085				
					Date	6/11/200	07		
					First Named Inventor Simon Kaa				
					Examiner Name		Campbell		
TOTAL AMOUNT OF BANAGER (#) 220 00					Art Unit		3742		
TOTAL AMOUNT OF PAYMENT (\$) 220.00					Attorney Docket 3135 - 062				
METHOD OF PAY	MENT (check al	I that apply)				·			
Check C	redit Card	Money Ord	ler	None	Other (please ide	entify):			
Deposit Accour	nt Deposit Accou	int Number:	23-	-0650	Deposit Accoun	t Name: Th	e Webb L	aw Fin	m
For the abo	ve-identified dep	osit account,	the Direc	tor is hereby	authorized to: (cl	heck all that	apply)		W 2 W 3 W 3 W 3 W 3 W 3 W 3 W 3 W 3 W 3
<u></u>	ge fee(s) indicate				Charge fee	e(s) indicated	below, excep	pt for the	e filing fee
	ge any additional r 37 CFR 1.16 an		erpayments	s of fee(s)	✓ Credit any	overpaymen	ts		
VARNING: Information	on this form may be		redit card is	nformation shou	ıld not be included o	n this form. Pr	ovide credit ca	ırd	
formation and authoriza									
EE CALCULATION BASIC FILING,			AND AND ALL AND AND THE SEASON	North Control of the	e subject to a si	ircharge.)		Kanaga ang pangan	
. DASIC FILING,	FILING I			CH FEES	EXAMINA	TION FEES			
**		all Entity		Small Entity	<u>s</u>	Small Entity			
Application Type Utility	<u>e Ece (\$) I</u> 330	Fee (\$) 82	Fee (\$) 540	Fee (\$)	Fee (\$)	Fee (\$)		Fees ]	<u>Paid (\$)</u>
•	220			270	220	110			
Design		110	100	50	140	70	-		
Plant	220	110	330	165	170	85	-		
Reissue	330	165	540	270	650	325	-		***************************************
Provisional  Provisional  Provisional	220	110	0	0	0	0	-		
EACESS CLAIM  See Description	rees .						ī	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)								52	26
Each independent claim over 3 (including Reissues)								220	110
Aultiple dependent cl	aims							390	195
				<u>'ee (\$)</u>	Fee Paid (\$)		Mı	altiple D	ependent Claims
HP = highest number o	22 =	Or. if greater that	X an 20.	0 =			<u> 1</u>	Fee (\$)	Fee Paid (\$)
				Foo (#)	Pag B-11 (m)			Market 1990	-
4 -	$\frac{3 \text{ or HP}}{3} =$	Extra Clain 1		$\frac{\text{Fee (\$)}}{220} =$	Fee Paid (\$) 220				
HP = highest number o									
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See 35 U.S.C	C. 41(a)(1)(G) and	d 37 CFR 1.1	6(s).	(4.55.6.6.	0	ion additiona	1 50 3110013 (	n macilo	ii tiicicoi.
Total Sheets	Extra Shee				<u>tional 50 or frac</u>		Fee (	<u>\$)</u>	Fee Paid (\$)
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SUBMITTED BY	TO A			D-	aintenties N.				
lignature	19/1		$ \overline{} $		gistration No. ttorney/Agent)	34,219	Telephon	e 4	12-471-8815
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